

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10/657616

CLAIMS

AS FILED	ADDITIONAL AMENDMENT		ADDITIONAL AMENDMENT		AS FILED
	IND	DEP	IND	DEP	
1					
2					
3					
4					
5					
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46					
47					
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49					
50					
TOTAL IND	7				
TOTAL DEP	43				
TOTAL CLAIMS	50				

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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97						
98						
99						
100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS	9					

59/7